

Application Data Sheet

## Application Information

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: Paper  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: NOVEL PHOSPHATE-BINDING PROTEIN, PHARMACEUTICAL COMPOSITIONS CONTAINING SAME AND USE THEREOF  
Attorney Docket Number:: 0508-1160  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 46  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ERIC  
Middle Name::  
Family Name:: CHABRIERE  
Name Suffix::  
City of Residence:: NANCY  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 7, RUE DE L'OCTROI  
Address::  
City of Mailing Address:: NANCY  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-54000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CHILE  
Status:: Full Capacity  
Given Name:: CARLOS  
Middle Name::  
Family Name:: CONTRERAS-MARTEL  
Name Suffix::  
City of Residence:: SAINT EGREVE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing C/O I. LAMADIEU 1,  
Address:: RUE DES ECHELLES  
City of Mailing Address:: SAINT EGREVE

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-38120

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CHILE  
Status:: Full Capacity  
Given Name:: JUAN  
Middle Name::  
Family Name:: FONTECILLA-CAMPS  
Name Suffix::  
City of Residence:: CROLLES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 77, RUE DES ERABLES,  
Address::  
City of Mailing Address:: CROLLES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: FRANCE

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/002797	10/29/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03 12729	10/30/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::